



## College/University Student –Request to Waive TB Test

### Requirement for waiving TB Test Verification

This letter confirms that the below volunteer has met the following requirements for waiving the TB test verification required for volunteering in DC Public Schools.

1. The volunteer listed below is enrolled at \_\_\_\_\_ (name of College/University) and was subject to TB testing as a condition of enrollment. The volunteer tested negative for TB at the time of enrollment.

### Volunteer Information

Name:

(Last)

(First)

(Middle)

\_\_\_\_\_  
Signature **required** – College/University Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Director Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Director Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
College/University Name

\_\_\_\_\_  
College/University Address

The original letter must be attached to the DCPS Volunteer Application in order to waive the TB test requirement. For questions, please contact the Volunteer Coordinator at [dcpsvolunteers@dc.gov](mailto:dcpsvolunteers@dc.gov) or phone: 202-442-5447.